

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23969

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> ✓									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				Length of stay in 1b <u>1 Day</u>		d. STREET ADDRESS <u>R R # 4</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>JOHN</u>			First		Middle		Last						
4. DATE OF DEATH <u>JULY 18, 1957</u>			Month		Day		Year						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 29, 1879</u>		9. AGE (In years last birthday) <u>77</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>OSAGE BEND, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		IF UNDER 1 YEAR Months Days Hours Min.					
13. FATHER'S NAME <u>GERHARDT SOMMER</u>				14. MOTHER'S MAIDEN NAME <u>KATHERINE KROLL</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT <u>HENRY SOMMER JR.</u>				Address <u>JEFFERSON CITY</u>				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>diarrhea</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>443X</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				MEDICAL CERTIFICATION					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>Feb 7</u> to <u>July 18</u> and last saw <u>him</u> alive on <u>July 19 1957</u> Death occurred at <u>7:25 PM</u> m on the date stated above; and to the best of my knowledge from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Francis W. Munn M.D.</u>				22b. ADDRESS <u>Jeff. City, Mo.</u>				22c. DATE SIGNED <u>7/20/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/22/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Margaret</u>		23d. LOCATION (City, town, or county) (State) <u>Osage Bend, Mo.</u>							
24. FUNERAL DIRECTOR <u>Sylvester Dull</u>			ADDRESS <u>J. C. No.</u>			25. DATE RECD. BY LOCAL REG. <u>22 July 1957</u>		26. REGISTRAR'S SIGNATURE <u>R. O. Harris M.D. - M.R.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Public Health Service

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Sylvester Quill* .....  
Licensed Embalmer No. *43*

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.